

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90059 007 \*\*\*\*61.25

**DOCUMENT # 763865**

1. Entity Name

**SEAVIEW TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

197 WOODETTE DR  
 DUNEDIN FL 34698

197 WOODETTE DR  
 DUNEDIN FL 34698-1749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2213353**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCALI, JAMES H.  
 495 WOODETTE DR  
 DUNEDIN FL 34698~~

**197 WOODETTE DR**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**JAMES H. SCALI**

(NOTE: Registered Agent signature required when reinstating)

**2-1-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SOWDEN, SMITH	193 WOODETTE DR	DUNEDIN FL 34698	<input type="checkbox"/>
VPD	STIFF, CARY	199 WOODETTE DRIVE	DUNEDIN FL	<input type="checkbox"/>
STD	SCALI, JAMES H.	197 WOODETTE DRIVE	DUNEDIN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	STIFF, CARY	199 WOODETTE DR	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	DAVIS, GREGORY	195 WOODETTE DR.	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	SMITH, SOWDEN	193 WOODETTE DR	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	SCALI, JAMES H.	197 WOODETTE DR	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**D = Director**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT: JAMES H. SCALI**

Date

Daytime Phone #

**2-1-00**

**(727)  
 736-2101**